DISCLOSURE LOG

1 January 2018 – 31 January 2018

Date	Ref No	Information Requested and Response	Links to Additional Information
02-01-18	3859	**I am emailing to request the organisation structure chart for the finance team(s) at the Trust.** Please find attached organisational chart as requested. Staff details are exempt under Section 40 Personal Information (where disclosure may contravene the Data Protection Act)	Link to Structure Chart
02-01-18	3860	**I am e-mailing to place a request for all information available under the Freedom of Information Act; relating to the Estates & Facilities/Property Maintenance and Projects directorates of your organisation.** **I would like to request an Organisation chart for all Directors, Managers, and employees within the Estates, Facilities, Maintenance, Property and Projects departments.** Please find attached organisational chart as requested. Staff details are exempt under Section 40 Personal Information (where disclosure may contravene the Data Protection Act)	Link to Structure Chart
03-01-18	3861	1. **Do you test newly diagnosed bowel cancer patients in your trust (either contracted or referred) for molecular features of Lynch syndrome using either immunohistochemistry or microsatellite instability testing?** • Yes – all bowel cancer patients, as per DG 27 NICE guidance • Yes - everyone under the age of 70 • Yes – everyone under the age of 50 • Yes – according to family history of the disease • No • **Other (patients under 50 years at time of diagnosis and for patients, in whom an assessment of prognosis is appropriate, with adenocarcinomas classified as poorly differentiated morphologically or tumours showing other morphological features of MMR**	

deficiency.)-based on previous RCPath recommendation(2014)*

- **The current recommendation is to provide MMR to all patients with colorectal carcinoma however, and it is decided that this will be reviewed at Trust level, with respect to funding.**

2. **If yes, at what stage does this testing take place?**

   - Pre-treatment i.e. at diagnosis (on a biopsy of the tumour)

   - **Post treatment i.e. test is carried out on the tumour resection specimen only.**

   - Not applicable

3. **Is this test carried out as a reflex test i.e. automatically or upon referral?**

   - Reflex

   - Referral via MDT

   - Referral via Genetics Centre

   - Referral via GP

   - Other (please explain)

   - **Not applicable**

4. **In their published [adoption support resource](#) NICE suggest identifying a named 'clinical champion' within each colorectal multidisciplinary team to effectively implement testing people for molecular features for Lynch syndrome. Is this established in your trust?**

   - Yes, Gastroenterologist
   - Yes, Colorectal Surgeon
   - Yes, Oncologist
   - Yes, Clinical Geneticist
   - Other (please explain)
   - **No**

5. Do you audit diagnostic outcomes within your trust to ensure that every patient is tested for molecular features for Lynch syndrome?

- Yes, as part of private audit
- Yes, and the data is publicly released
- **No**

6. Have you had to submit a business case for funding in order to effectively implement this new guidance?

- Yes, and additional funding was provided fully/partially as requested. Please provide information.
- Yes, but no additional funding was provided. Please provide information on why.
- **No please provide information on why.**

7. If no such testing is in place, do you have information on whether there are any plans to introduce molecular testing for Lynch syndrome as per NICE guidance?

We are currently reviewing the process

8. What are the main barriers you have faced if no molecular testing or only selected testing is performed? Please specify.

- Financial

- Policy

- Awareness of current guidance

- **Staff resources**

- Other (please specify)

04-02-18	3862	**1. Provide or attach location of policy regarding one to one/specialling/bedwatch/Enhanced Care services at your Trust.?** Please find the policy request attached.	Link to policy

2. **Does the current system fulfil the requirements of the policy?**

Yes

3. **Do you currently outsource any 1-1 care for patients displaying challenging behaviours or have to rely on backfilling or security?**

After a risk assessment the level of support required would be set. If a Registered Mental Health Nurse is required it be would requested from an appropriate Agency. We have in-house security team which support the clinical teams with the care of a patients with challenging behaviours.

4. **If out-sourced which department or individuals would be responsible for deciding to call additional staff onto site?**

In working hours the Matron with the Heads of Nursing are responsible . Out of hours it will be senior nurse with the Clinical Site Manager.

4.b. **Which department would be responsible for arranging the contract with the service provider?**

Temporary Staffing with procurement department would be responsible for the contracts.

5. **How often does the Trust require assistance with patients displaying challenging behaviours?**

Every day.

6. **What is the current average monthly spend on these services (last 3 months)?**

The Trust system does not allow us to separate costs as all agency and bank are coded to the same account codes.

7. **What specific training do staff providing these services receive?**

All staff must attend an essential skills training day in which they are taught the skills of managing patients with challenging behaviours. We also have Advanced Nurses in Dementia, Mental Healthy liaison nurses and Safeguarding teams, that support and advise clinical teams with plans of care.

8. **Who is the Trust Lead for these services, please provide contact details.**

		The Trust lead is the Head of Nursing for quality.	
	3863		
08-01-18	3864	**Please could you provide me with the following information under the Freedom of Information Act regarding General Data Protection Regulations (GDPR)** • **Total summary or estimate of expenditure to date to prepare your organisation for the incoming GDPR legislation** • **Detail on this expenditure e.g. staff training, software, department policies, hiring** • **Projected spend or budget for managing GDPR within your department for the rest of the calendar year** Two members of Information Governance staff are undertaking additional training in GDPR compliance at the cost of £1489.00. With the exception of this training, all work carried out regarding GDPR compliance is covered in business as usual spend (i.e. covered through existing Information Governance resources and budget, including internal training packages and etc).	
10-01-18	3865	**1. The name and email address for the Clinical Director responsible for Maternity Services within your Trust 2. The name and email address for The Head of Midwifery within your Trust 3. The name and email address for The Matron responsible for Midwifery within your Trust 4. The name, job title and email address for the person responsible for Clinical systems used within the midwifery department** The information requested can be found on the Trusts website at: http://www.mkhospital.nhs.uk/images/comms/BoD/MKUH_Org_Chart_Spring_2017_web.pdf Please note individual staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain.	
10-01-18	3866	**1. Network Provider(s) - Please provide me with the network provider name e.g. EE, Telefonica, Vodafone, Three** **2. Annual Average Spend- Can you please provide me with the average annual spend over the 3 years. If this is a new contract can you please provide the estimated annual spend.** **3. Number of Connections- Number of connections for each network provider.**	

4. Duration of the contract- please state if the contract also includes contract extensions for each provider.

5. Contract Start Date- please can you provide me with the start date of the signed agreement. Please do not provide me with the framework contract date I require the contract dates of the signed agreement.

6. Contract Expiry Date- please can you provide me with the expiry date of the signed agreement. Please do not provide me with the framework contract date I require the contract dates of the signed agreement. If the contract is rolling please state.

7. Contract Review Date- Please can you provide me with a date on when the organisation plans to review this contract.

8. The person within the organisation responsible for this particular contract. Can you send me the full contact details Contact Name, Job Title, Contact Number and direct email address for each network provider? If full contact details cannot be provided please send me their actual job title.

If the mobile phone contract is provided by a managed contract please provide me with the actual name of the network provider along with the number of connections and the internal contact from within the organisation responsible for this contract.

Please can you provide me with the latest information- If the organisations are currently out to tender please can you also state the approx. date of the award along with the information above.

Also if the contract in the response has expired / rolling please can you provide me with further information if available of the organisation's plans going forward with regards to mobiles and the current status?

If this contract was awarded within the past three months can you please provide me with a shortlist of suppliers that bid on the contract?

The Trust has produced a document entitled "IT FOI Answers" which can be found on the website at http://www.mkhospital.nhs.uk/index.php?view=download&alias=1559-it-foi-answers&category_slug=freedom-of-information-foi-disclosure-logs-2017&option=com_docman&layout=table&Itemid=700

| 11-01-18 | 3867 | 1. I wish to know how much your trust has spent on specialist equipment for bariatric patients | |

(patients over 160kg) during the last three years?

The wards have devolved budgets and are authorised to purchase their own equipment from their own budgets, so unfortunately we cannot provide you with a figure.

2. **Please give a breakdown of the type of specialist bariatric equipment used by the trust and the amounts spent, split between Rental Expenditure and Purchased Equipment?**

   1. **If equipment used is on a Rental basis, please specify if this was under a contract basis or ad hoc?**
   2. **If under contract, when is this due for renewal?**
   3. **If known, who is the contract with?**

   The Trust have 2 bariatric beds on long term lease with Siemens and the contract is due for renewal in 2020/21. We are unable to provide a cost as the beds are part of a lease deal with other equipment and to obtain this information with entail trawling through invoices which would exceed the appropriate time limit.

3. **How many bariatric beds does the Trust own?**

   0

4. **How many bariatric patients have been admitted to your hospital/hospitals during the past 12 & 24 months for all procedures?**

   Please note we do not hold data to specifically identify bariatric patients. We can only provide the number of patients admitted to the hospital in 2016 and 2017 who were identified as Obese using the following Diagnosis codes:
   E66.0 : Obesity due to excess calories
   E66.1 : Drug-induced obesity
   E66.2 : Extreme obesity with alveolar hypoventilation
   E66.8 : Other obesity – Morbid obesity
   E66.9 : Obesity, unspecified – Simple obesity NOS

Kindly note that patients who have been counted in 2016 may appear in 2017 if they have had another admission in 2017.
   Diagnosis Order is shown as an indication of whether a patient might have been admitted to MKUH primarily as a result of obesity (Primary Diagnosis) or for another reason and they just happened to be

obese (Secondary or Other Diagnosis).

With the above caveats, the number of Obese patients admitted to MKUH in 2016 and 2017 were :

YEAR	Diagnosis Order	Total
2016	Primary Diagnosis	7
2016	Secondary or Other Diagnosis	1732
2017	Primary Diagnosis	4
2017	Secondary or Other Diagnosis	2539

11-01-18 3868	**How many times in each of the last five years it has engaged the services of a pest control company;** The Trust has continually maintained a contract with a pest control contractor over the past five years. **For each occasion, please state:** **(i) the type of pest reported;** **(ii) the location of the pest (please be as specific as possible e.g. cardiology ward/ITU/operating theatre/mortuary);** **(iii) the cost of the call out** Attached is a summary of callouts covering the requested period. The contract we maintain covers all callout so no additional expense is incurred for individual instances.	Link to Spreadsheet
11-01-18 3869	Kindly note that we do not code diagnoses for outpatient attendances and diagnosis codes are only available for inpatient admissions. So we can only provide the number of patients discharged from MKUH (i.e. Inpatients) who have been diagnosed with Type 1 diabetes (as a primary or secondary diagnosis) | 1.	Within your Trust how many patients have you treated with Type 1 Diabetes in the year 2016/17?	408		

			2.	In the year 2016/17 how many patients with Type 1 Diabetes have you treated that are also diagnosed with the following: (Please state whether patients were treated as an inpatient, outpatient or non-elective).	0		
				Anorexia Nervosa?	0		
				Bulimia Nervosa?	0		
				Binge Eating Disorder?	0		
				Eating Disorder Not Otherwise Specified (EDNOS)/Other Specified Feeding or Eating Disorder (OSFED)?	0		
			3.	What is the total number of patients treated within your Trust in the year 2016/17 with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders?	0		
			4.	Are there any challenges you face in managing and treating patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? For example, service gaps or commissioning obstacles? If so, what are these? Reference to the year 2016/17 can be used at your convenience.	As can be seen in the figures above, this is not a frequent combination of diagnoses and therefore specific challenges have not been articulated.		
			5.	Can you share a copy of the pathway for these patients?	There is no specific pathway for the patient group described.		
			6.	What protocols and treatment	There are no specific guidelines for this dual		

			guidelines do you have in place for the treatment of patients with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders? Reference to the year 2016/17 can be used at your convenience.	diagnosis.
		7.	Have you an agreed tariff in the years 2016/17 and 2017/18 with commissioners for this care, if so what is it and what does this care include?	No.
		8.	What is the average cost of the treatment for an individual with a dual diagnosis of Type 1 Diabetes and any variant of Eating Disorders in the year 2016/17?	We have no patients coded with this dual diagnosis and did not have patient level costing systems in place in 2016/17.
		9.	Do you have the ability to fund prolonged stays in private hospitals for the patients that are most in-need of treatment?	No. We would liaise with commissioners in such a case.

| 12-01-18 | 3870 | | **1. In the (a)2015/16 and (b) 2016/17 financial year what was the budget on ingredients for patients' meals provided in the hospital trust. Please provide this figure as a financial amount on ingredients only (no labour or preparation costs) per patient per day.**

2015/16 - £3.90
2016/17 - £3.96

2. In the (a) 2015/16 and (b) 2016/17 financial year what was the most expensive restaurant bill claimed on expenses by any of the Trust's executives/ directors? Please state the name and address of the restaurant, how many people were dining, the date of the dinner and the job title of the director/executive who claimed the meal on expenses.

The Trust does not record this information centrally, to obtain this would entail going through each claim form individually which would exceed the appropriate time limit. | |

12-01-18	3871	Within your trust how many intra-vitreal vials/implants have been used in the latest 4 months, if possible between September to December 2017. **Please state the number of vials dispensed from your pharmacy in this period, if the number for wet AMD is not known, then regardless of reason for use.**		

	Lucentis (ranibizumab) Injections	Avastin (bevacizumab) Injections	Eylea (aflibercept) Injections	Illuvien (Fluocinolone) Impants	Ozudex (Dexamethasone) Implants
Total Vials / Implants	*209*	*30*	*165*	*1*	*4*
Vials / Impants for Wet Age Related Macular Degeneration (wAMD)					
Vials / Impants for Diabetic Macular Oedema [DMO], Retinal Vein Occlusion [RVO] or other such as mVNV					

12-01-18	3872	**- The name of your Head of Dermatology** **- Dermatology Tel No.** **- Dermatology Email** Please note individual staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain. **- Do you have a melanoma unit? Y/N** – No **- If yes, the name of your Head of Melanoma** – N/A **- Melanoma Tel No** – N/A **- Melanoma Email** – N/A **- Melanoma Nurse** – N/A **- Clinical Trials** – Nil **- Do you have a centre of excellence?** – No **- Do you offer Sentinel Node Biopsy?** – No **- Is CT available on site?** – Yes	

12-01-18	3873	**Within your trust how many patients have been treated, in the past 6 months July to December 2017 by diagnosed eye condition.** Please see table below the sum of the diagnosis split does not sum to the total – this is because there are two	

patients who have had both diagnoses and therefore appear once in each category..   Note that as we do not record diagnosis against outpatient attendances, the figures below only include patients admitted to MKUH as an inpatient, restricted to those that did not have a procedure.

Of these patients how many are new to treatment [they have not previously received an injection / implant]?

The Trusts system does not record how many are new to treatment.   To ascertain this would entail manually trawling through patient records which would require permission and exceed the appropriate time limit.

	Total Patients	New Patients	Lucentis (ranibizumab) Patients	Lucentis (ranibizumab) NEW Patients	Eylea (aflibercept) Patients	Eylea (aflibercept) NEW Patients
Total	127		105	58	72	47
Wet Age Related Macular Degeneration (wAMD)	57					
Other conditions (DMO, RVO or mCNV)	72					

| 15-01-18 | 3874 | **Question 1**

• **How many hours did nurses on the hospital/Trust bank work during 2017?**
209,451 hours

• **How many nurses from the hospital/Trust bank worked during 2017?**
Unable to answer as the question is too broad.

• **How much did the Trust spend on bank nurses in 2017?**
£7m

• **How many hours did external temporary (agency) nurses work for the Trust during 2017?**
72,838 hours

- **How much did the Trust spend on external temporary (agency) nursing staff during 2017?**
  £3.99m – Please note this does not include Midwives.

Question 2

- **How many registered nurses (full time equivalent) are employed by the Trust on permanent or fixed term contracts?**
  870.48

- **How many vacancies for registered nurses (full time equivalent) on permanent or fixed term contracts are there in the Trust?**
  169.05

- **How many registered nurses (full time equivalent) employed permanently or on fixed term by the Trust resigned or retired during 2017?**
  100.29

- **How many registered nurses (full time equivalent) joined the Trust under permanent or fixed-term employment during 2017?**
  93.30

  Question 3

- **How many new registered nurses is the Trust planning to train using apprenticeship levy funding?**
  Approximately 20

- **How many new nursing associates is the Trust planning to train using apprenticeship levy funding?**
  None planned through levy funding in the near future

  If the time limit of 18 hours for responses has not been reached:

Question 4

  Please note the answers are numbers of Student Nurses ONLY; this does NOT include Midwifery Students.

		• **How many student nurses did the Trust support on practice placements in 2017?** 209 • **How many of the student nurses on practice placement in 2017 were recruited by your Trust once qualified?** The Trust does not record this information centrally, to obtain this would entail trawling through staff records which would require permission and exceed the appropriate time limit. • **How many student nurses does the Trust plan to support on practice placements in 2018?** 223	
16-01-18	3875	**Could you please kindly let us know that how many redundancies have been made in the hospital for the last 5 years as of 16th Jan 2018 and what is their job band and the job title.** <table><tr><td>Job Role</td><td>Band</td><td>Date</td></tr><tr><td>Senior Manager</td><td>VSM - Senior manager salary</td><td>Nov-13</td></tr></table>	
	3876		
16-01-18	3877	The Trust does not hold the information requested below, except point 5 which we have responded to. • Any complaints or escalations from each trust across the UK relating to technology. Including new technology being introduced (iPads etc.) as well as complaints about the internal computer systems. I would like this information broken down by hospital or other location (e.g. ambulance dispatch centre or community area), and would like the details of each the complaint. • If the above has an impact on the A&E department, I would like that detailed separately. • Any information that is submitted internally relating to complaints about technology • Information about any tech trials your trust has been a part of, including smart watches, iPads etc. and any feedback you have had on these. • **Any instances of periods of time where hospitals are unable to function normally because of issues with the IT systems. Including details of the trust and time it took to fix the issue** The Trust suffered a network failure a number of years ago. This was investigated at the time and a new system was approved and is now in place. • Results of the employee survey for the past 2 years, including any mentions of frustrations around technology.	

		I would also like information on:

Information on the computer systems and operating systems that are currently being used in each trust

16-01-18	3878			No. of OVMs / OVAs	No. overseas patients invoiced	Total charges invoiced £	*Total payments recovered £	
			2013/14	1	162	260886	74600	
			2014/15	1	176	528832	107323	
			2015/16	1	198	542908	73956	
			2016/17	1	191	480854	81925	
			2017/18 YTD	1	128	299750	59906	

16-01-18	3879	**1. Please confirm what frameworks are used to source medical locum doctors.** **2. Please confirm what frameworks are used to source agency nurses.**	

1. **Please confirm what frameworks are used to source medical locum doctors.**
2. **Please confirm what frameworks are used to source agency nurses.**

The following frameworks are used for both locum doctors and agency nurses -
EoECPH :   East of England Central Procurement Hub
LPP: London Procurement Partnership
CCS: Crown Commercial Services
HTE: Health Trust Europe.

3. **Please confirm if there are any contractual relationship in place to source medical locum doctors.**

None

4. **Please confirm if there are any contractual relationship in place to source agency nurses.**

None

5. **Please confirm your current procurement/HR personnel and contact details for the procurement of medical locum doctors.**
6. **Please confirm your current procurement/HR personnel and contact details for the procurement of agency nurses.**

Deputy Purchasing Manager, contact details via address and telephone number above.

7. **Please confirm the spend on medical locum doctors for the financial year 2016/2017.**

£6,281,000

a.   Can this be broken down by agency.

The Trust does not record this information centrally, to obtain this would entail going through patient records which would require permission and exceed the appropriate time limit.

b.   Can this be broken down by specialty.

Medicine	£753,000
Emergency Medicine	£1,515,000
Trauma & Orthopaedics	£374,000
General Surgery	£805,000
Urology	£258,000
Childrens Services	£344,000
Womens Health Services	£138,000
Anaesthetics and Critical Care	£310,000
ENT	£41,000
Pathology CSU	£55,000
Ophthalmology	£199,000
Speciality Medicine	£94,000
Internal Medicine	£1,219,000
Acute Medicine	£176,000

8.   Please confirm the spend on agency nurses for the financial year 2016/2017.

£4,778,152

a.   Can this be broken down by agency.

DRC Locums LTD	£140,000
ID Medical Group LTD	£3,093,000
Mayday Healthcare PLC	£242,000
Medicspro LTD	£127,000
Pulse Healthcare LTD	£630,000
Other	£547,000

		b. **Can this be broken down by specialty.**

        b.   **Can this be broken down by specialty.**

Medicine	£1,258,000
Emergency Medicine	£348,000
Trauma & Orthopaedics	£221,000
General Surgery	£453,000
Operating Theatres	£230,000
Childrens Services	£414,000
Womens Health Services	£14,000
Anaesthetics and Critical Care	£58,000
Cancer Services	£4,000
Central Operations	£180,000
Speciality Medicine	£58,000
Internal Medicine	£572,000
Acute Medicine	£908,000
Other	£59,000

Please note the figures given for Question 8 exclude midwives.

17-01-18	3880	**1. The name and email address of the Clinical Director responsible for Radiology** **2. The name and email address of the Head of Radiology** **3. The name and email address of your Radiology Manager** **4. The name and email address of your Radiologist's.** Individual staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain.	

17-01-18	3881	1. **Please provide information on whether your NHS Trust currently employ any individuals for the purpose of 'spiritual care' and/or, 'pastoral care' - if applicable, please indicate which denomination each employee belongs to.**
		
		   - 2 F/T chaplains - both Baptist
		   - 4 relief chaplains – one C of E, one Methodist, one URC and one Baptist
		
		2. **Please list the specific job titles and, salary figures (per annum or pro rota) for each respective individual; detailing which are part-time and full-time roles.**	

		Lead Chaplain is F/T NHS Agenda for Change band 7 Team Chaplain is F/T NHS Agenda for Change band 6 3. **Please provide details on whether NHS Trust have a specific budget for the purpose of 'spiritual care' or 'pastoral care' and, if so, please detail the total amount (£).** £117,000		
17-01-18	3882	**How many locum doctors and agency nurses the Trust has employed on the following dates, and at what rates they were paid.** **The dates I require information for are:** **2016** **1 January 2016** **25 March 2016** **28 March 2016** **2 May 2016** **30 May 2016** **29 August 2016** **25 December 2016** **26 December 2016** **2017** **1 January 2017** **30 March 2017** **2 April 2017** **7 May 2017** **28 May 2017** **27 August 2017** **25 December 2017** **26 December 2017** **2018**	Link to spreadsheet	

		1 January 2018 **For each date, can you tell me how many locum doctors and/or agency nurses were employed, how long they worked, and how much they were paid.** Please see spreadsheet attached. NB; we are unable to provide pay rates for Nurses. These are held on a separate system to the Doctors and we cannot split the costs.	
15-01-18	3883	**Do you produce food waste?** Yes. **Do you know how much food waste you produce, either in terms of annual tonnages, number of food waste containers collected per week or other suitable measures?** 2 x 60Ltr waste bins are generated each week. **Is your food waste segregated from your general waste and recycled?** **If not, do you know how much residual/general waste you produce, either in terms of annual tonnages, number of food waste containers collected per week or other suitable measures?** It is segregated and recycled off site. **If food waste is segregated:** **Who is the contractor collecting your food waste?** Grundons **How much does the service provided by the contractor cost?** £2500 per year **Would you be interested in an alternative collection if the price was cheaper?** This is part of a larger 3 year contract so not at this time.	
18-01-18	3884	**Please confirm the Heads of Departments for each of the following categories?** - Dental Consumables ("E Class Code: IKB"); - Dental Laboratory Consumables ("E Class Code: IRB");	

- Dental Implants ("E Class Code IKA);
- Orthodontic Materials/Consumables ("E Class Code: GGB");
- Dental Equipment ("E Class Code: IBB"); and
- Dental Laboratory Equipment ("E Class Code: ITL").

Please confirm if the same person you have identified above is also responsible for the procurement of goods and services in each of the following categories?

The Department Manager approves orders for goods which are then processed by Purchasing.

- Dental Consumables;
- Dental Laboratory Consumables;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Please indicate how decisions are made to procure goods and services in the following categories?

All product and equipment is specified by clinical staff, procurement would seek alternative sources to establish more effective and efficient supply chains. Suggested products would then be subject to clinical trial through the Clinical Product Review Group. If clinical trials provide a positive outcome and there is a commercial benefit to the Trust in changing the source of supply, then the Trust would engage with the supplier.

Are they evaluated prior to being accepted?

No.

Would this be part of a clinical evaluation or clinical trial?

No.

Please provide the detail?
- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;

- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Please could you advise who is responsible for the cost of your Dental Practices/Dental Care Services Provider(s) in your setting? Is it the CCG or is it the NHS Acute Trust/NHS Foundation Trust/NHS Health and Care Service?

Not known

Please identify who the main decision maker/influencer is, in either of the settings stated above, for each of the following categories?

All product and equipment is specified by clinical staff, procurement would seek alternative sources to establish more effective and efficient supply chains. Suggested products would then be subject to clinical trial through the Clinical Product Review Group. If clinical trials provide a positive outcome and there is a commercial benefit to the Trust in changing the source of supply, then the Trust would engage with the supplier.

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Please provide any reports you hold which include or illustrate your patient demographic and the most common treatments provided by your Dental Practices/Dental Care Services Provider(s), for your patient demographic?

Not known

Please list and confirm, as far as possible, what your average monthly usage is, for each product used, in each of the following categories?

Not known

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Please confirm, what your total spend has been, during the last financial year (1st April 2016 to 31st March 2017), in each of the following categories?

Please note the Trust does not categorise expenditure under the headings given below.

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Consumables 01/04/2016 to 31/03/2017 - £152,700
Lab equipment 01/04/2016 to 31/03/2017 - £3600

Please provide a list of the suppliers that you currently purchase goods and services from in each of the following categories?

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

NHS SUPPLY CHAIN
ORTHOCARE
ORMCO
3M UNITEK

SCHOTTLANDER
TOC
DB ORTHODONTICS
HENRY SCHEIN
TP ORTHODONTICS
MEDTRONIC LTD
KEY MED
TRISTEL
VISION SCIENCES
QED
De ROYAL
PENLON
CLAUDIUS ASH
DIXEY INSTRUMENTS

Are you intending to collaborate with another healthcare entity to procure your goods and services in the following categories for your Dental Practices/Dental Care Services Provider(s)?
All product and equipment is specified by clinical staff, procurement would seek alternative sources to establish more effective and efficient supply chains. Suggested products would then be subject to clinical trial through the Clinical Product Review Group. If clinical trials provide a positive outcome and there is a commercial benefit to the Trust in changing the source of supply, then the Trust would engage with the supplier.

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Can you please provide information on your current supply route for the following categories (e.g. NHS Supply Chain also known as DHL, Direct from a Third-Party Distributor; or Direct from a Manufacturer)?
NHS Supply Chain and direct from manufacturer.

- Dental Consumables;
- Dental Laboratory Consumables;

- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Do you currently have a contract in place for any of the following categories? If so when does each expire?

No.

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Can you provide information on how many delivery points you have for each of the following categories?

One.

- Dental Consumables;
- Dental Laboratory Consumables;
- Dental Implants;
- Orthodontic Materials/Consumables
- Dental Equipment; and
- Dental Laboratory Equipment.

Can you provide information on how many locations you have that are holding stock in each of the following categories?

One.

- Dental Consumables;
- Dental Laboratory Consumables;

			• Dental Implants; • Orthodontic Materials/Consumables • Dental Equipment; and • Dental Laboratory Equipment. **Can you provide information on what software platform you use for ordering goods and services in the following categories?** Shared Business Services for all categories below. • Dental Consumables; • Dental Laboratory Consumables; • Dental Implants; • Orthodontic Materials/Consumables • Dental Equipment; and • Dental Laboratory Equipment. **Please classify against the three bullet points below, which of those Dental Practices/Dental Care Service Provider(s), you are directly responsible for (within your setting/locality); what proportion provides:** • A service to NHS patients only? 100% we are a hospital OMFS unit • A service to both NHS and Private patients? • A service to Private patients only?	
18-01-18	3885		1. **Does the Trust perform orthopaedic surgical procedures?** Yes 2. **What pre-designed consent forms does the Trust use for orthopaedic procedures?** Generic Trust consent form 3. **What Trust-specific patient-information leaflets does the Trust provide for orthopaedic procedures?** ELECTIVE SURGERY: • Anterior cruciate ligament reconstruction (ACL) • Sub-Acromial decompression/shoulder (ASD) • Spinal decompression	[Breast Surgery](#) [Consent Form](#) [Leaflet 1](#) [Leaflet 2](#)

- Dupuytren's contracture
- Tennis/Golfers Elbow
- Total Hip guides
- Total Knee guides
- Carpel Tunnel Decompression
- Knee Arthroscopy together with Knee exercises
- Total Knee replacement surgery (ERP) if needed
- MISC: -
- Checklist for pre-assessment appointment with instructions to book joint school
- National Joint Registration (NJR)
- OT form – Hips only
- PROMS patient info
- Pain relief after surgery
- Surgical directorate booklet

4. **Does the Trust perform mastectomies?**
   Yes

5. **Does the Trust use pre-designed consent forms for mastectomies?**
   No

6. **Does the Trust provide Trust-specific patient-information leaflets for mastectomies?**
   Use those from Breast Cancer Care

7. **Does the Trust perform wide local excisions?**
   Yes

8. **Does the Trust use pre-designed consent forms for wide local excisions?**
   No

9. **Does the Trust provide Trust-specific patient-information leaflets for wide local excisions?**
   Use those from Breast Cancer Care

10. **Does the Trust perform caesarian sections?**
    Yes

11. **Does the Trust use pre-designed consent forms for caesarian sections?**

		Yes **12. Does the Trust provide Trust-specific patient-information leaflets for caesarian sections?** Yes, please see documents attached.	
19-01-18	3886	**1) Does your Trust employ ENT (Otolaryngology) Doctors?** **If the answer to this question is *No*, there is no need to answer any further questions - please just confirm the answer to this question. If the answer is *Yes*, please proceed to Question 2.** Yes **2a) Do you employ any Specialty Registrars (StR's) in ENT (Otolaryngology)? This means doctors at level StR3 to StR8 who are part of a recognised School of Surgery / LETB training scheme. If *Yes*, please answer 'yes' and proceed to Question 3. If *No* please answer Question 2b.** Yes **2b) Do you host any Specialty Registrars (StR's) in ENT (Otolaryngology) employed by a LETB training scheme (in some rotations the StR's have contracts with the LETB, instead of individual trusts). This means doctors at level StR3 to StR8 who are part of a recognised School of Surgery / LETB training scheme employed by the LETB. If *Yes*, please answer 'yes' and proceed to Question** **3. If the answer to Question 2a *and* 2b is *No*, there is no need to answer any further questions - please just confirm the answer to these questions.** No **3) How many Specialty Registrars (StR's) in ENT (Otolaryngology) do you (or the LETB, in your Trust) employ?** 2 **4) For each of these Specialty Registrars (StR's), please provide the following information:** **Averaged per week over a rotational cycle for on call and daytime commitments, excluding any leave of any kind, or public holidays, or regional study days if they are not at least once per fortnight, for the registrar or any other member of the medical staff, including consultants, how many hours _and_ (if applicable) how many half-day sessions does the Specialty Registrar spend in the following activities (E.g. If the Registrar spent from 9AM until 1PM as paid personal**	

development time one day per week, the answer to that question would be 4 hours and 1 half day):

a) On Consultant supervised ward rounds?

Post 1) 1.5 hrs   Post 2) 3 hrs

b) On other ward rounds (non supervised)?

1) 3hrs   2) 1.5 hrs

c) In Consultant supervised outpatient clinics?1) 12hrs / 3 half days

2)16hrs / 4 half days

d) In other outpatient clinics (non supervised)?

Nil

e) In Consultant supervised operating sessions?

1) 20hrs / 5 half days   2) 16hrs / 4 half days

f) In other operating sessions (non supervised)?

Nil

g) In paid personal development / Study / SPA time?

1) 4 hrs /1 half day   2) 4 hrs /1 half day

h) Departmental teaching?

1) 0.5 hrs   2) 0.5 hrs

i) Undertaking emergency on call work (excluding time when they are also undertaking one of the activities above)?

Both posts 1 in 8.

		j) Any other contracted regular activities - please give hours / sessions and specify the activity? H&N MDT meeting 1 hour per week, both posts. **5) Is the Specialty Registrar (StR) compulsory resident when on call?** Non-resident on-call **6) After weekday nights on call, does the Specialty Registrar (StR) routinely have time off the next day because they have been on call?** As per terms and conditions if request significantly disrupted during non-resident on-call the Doctors should inform their employer immediately so time off in lieu can be organised.	
19-01-18	3887	**1. How many children aged under-18 were admitted to hospital through each of your accident and emergency departments between 1 April 2016 and 31 March 2017 due to self-harming?** 49 **2. Can you provide an age breakdown of admittances for this period?**	

Table for question 2:

Ages	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Unknown
	-	-	1	1	-	-	-	-	-	-	-	1	-	3	8	10	12	13	-

		Please note the presenting complaint field on the Trust A&E system is a free text field, and is populated by A&E reception staff when patients arrive i.e this could state sickness, which may or may not be due to alcohol, and therefore would not be picked up by any searches. We are therefore unable to provide accurate data for this.	
22-01-18	3888	**How many disposable drinking cups has your trust purchased in each year for the last five years?** The Trust does not keep a record of this information.	
22-01-18	3889	**For each scanner operated anywhere by your Trust** **1. Manufacturer?** **2. Model?**	

		3. **Software version?** 4. **Do your scanners have fast T1 mapping capacity?** 5. **Located in which hospital within Trust?** 6. **Acquisition year?** 7. **How it was financed (owned by Trust, leased or held under Managed Equipment Service ('MES') arrangements)?** 8. **If MES, which provider do you use?** 9. **What year will the equipment be replaced?** 10. **Is maintenance done by the Trust, by the Manufacturer or by 3rd party provider?** 11. **If 3rd party provider which provider do you use?** 12. **What are the operational hours of the equipment?** I can confirm that Milton Keynes University Hospital outsource all MRI services to InHealth. For further information, please email info@inhealthgroup.com	
22-01-18	3890	The Trust can also only report on the headcount, not the FTE of staff with absences. 1. **How many total staff members (headcount whole-time equivalent number) were recorded as being absent from work (off sick) for flu symptoms in the financial or calendar year 2015-2016, 2016-17, 2017 -18 (for 2017-18 - please supply figures as up to date as possible. For example, up to end of Jan 2018)** The Trust's system records flu with coughs and colds therefore the we are unable to provide a figure 2. **How many registered nurses (headcount whole-time equivalent on Agenda for Change band 5 and above) were** **a) recorded as being absent from work (off sick) for flu symptoms in the financial or calendar year 2015-2016, 2016-17, 2017 -18 (for 2017-18 - please supply figures as up to date as possible. For example, up to end of Jan 2018)** The Trust's system records flu with coughs and colds therefore the we are unable to provide a figure **b) for how many days were these recorded absences (total) - using the same periods stated above. Eg. 200 days from 2015-16**	

		The Trust's system records flu with coughs and colds therefore the we are unable to provide a figure **3. How many doctors (headcount whole-time equivalent number from foundation year one and above) were recorded as** **a) being absent from work (off sick) for flu symptoms in the financial or calendar year 2015-2016, 2016-17, 2017 -18 (for 2017-18 - please supply figures as up to date as possible. For example, up to end of Jan 2018)** The Trust's system records flu with coughs and colds therefore the we are unable to provide a figure **b) for many days were these recorded absences (total) for the same periods stated above. Eg. 200 days from 2015-16** The Trust's system records flu with coughs and colds therefore the we are unable to provide a figure **4. Has the possibility of a mandatory flu vaccination for frontline NHS staff (for example, those working in A&E, adult or children's wards) been discussed at any trust meetings? If so, please provide details of what was said/discussed and on what date.** The possibility of mandatory flu vaccination of frontline staff has not been discussed at various trust meetings. The trust does not mandate flu vaccination for frontline NHS staff.		
22-01-18	3891	• **The cost of providing food to patients at your trust for the years 2015/16 and 2016/17. Please can this data be expressed in terms of the average cost per patient per day. It can be either per financial year or calendar year, whichever way your system records it - but please make clear which one you are providing in your response.** 2015/16 Financial year - £8.35 2016/17 Financial year - £8.56 • **The number of complaints received about food at your trust received in 2017 (financial year or calendar year as applicable) and any details you have regarding the nature of those complaints (food temperature, menu variety, presentation etc)** The Trust receives feedback through multiple channels, whilst these are logged, they would not be		

		classed as formal compliments or complaints. We have received no formal complaints. • **The percentage of food returned untouched in 2017 (financial year or calendar year as applicable) and what happens to the uneaten food.** 5.5% uneaten food is disposed of. The Trust does not record figures for untouched meals. • **How many of the 5 food standards required by the standard NHS Contract is your trust currently meeting? The standards I refer to are listed in detail here https://www.gov.uk/government/news/new-rules-to-serve-up-better-food-for-nhs-patients-and-staff** The restaurant serves a range of food and meets national CQUIN guidelines. All of the drinks the Trust stock are free of added sugar, meals served are balanced and nutritious and we regularly work with our dietitians. With reference to sustainable foods, we select suppliers from NHS supply chain and our main suppliers, such as Brakes, have full sustainability policies. The Trust also support a number of SME's, for example greengrocers and butchers. We ensure low levels of HFSS in all our meals, both restaurant and patient catering. The Trust do have protected meal times, there are volunteers and staff to help patients eat and finally we do have food charts to monitor nutrition. Dietitians are on hand for more complex cases of malnutrition. • **Do you cook fresh food on site for patients?** The majority of food is bought in and regenerated, however we do cook some fresh food such as purees and special diets, through a dedicated diet chef. **Does your trust ask for feedback from patients regarding their experiences of hospital food?** Yes, in multiple formats such as through supplier visits, friends and family test feedback and direct with the catering manager	
23-01-18	3892	**1) Do you know about the Government's Cloud First policy?** • **Yes** • No **2) Is your organisation using a public cloud for any area of your IT infrastructure?** • Yes • **No** - *If no, please answer questions 6-8*	

3) What percentage of your IT infrastructure has already been migrated to the public cloud?
- Less than 25%
- 25% - 50%
- 50% - 75%
- 75% - 100%
- **N/A**

4) Which area(s) of your organisation's IT infrastructure has/have been migrated (in part or in whole) to the public cloud? Select all that apply.
- Database(s)
- Application(s)
- Security
- Storage
- We have not migrated anything to the cloud
- **N/A**

5) If you are not 100% cloud first, what is your timeline to migrate the rest of your infrastructure to the public cloud?
- I am 100% cloud
- 6 months or less
- 6-12 months
- 1-2 years
- 2+ years
- No, we don't plan to move everything to the cloud
- **N/A**

6) What barriers to public cloud adoption have you experienced? Select all that apply.
- Lack of skills needed to implement/manage
- Security/compliance concerns
- Budget constraints
- Inability to prove return on investment (ROI)
- Need to continue supporting old, legacy technology
- Vendor lock-in (with a cloud provider)
- Concerns over IT managing multi-vendor environments
- **No barriers**

7) How many monitoring and management tools are you currently using to gain visibility into your IT infrastructure?

		1 2-3 **4-5 Approximately** 6-7 8-9 10 or more - Not sure **8) Are you able to use the same monitoring and management tools for on-premises infrastructure and cloud environments?** - Yes **No** - Not sure **9) What are the biggest challenges you face when monitoring and managing your public cloud environment? Select all that apply.** - Lack of control and visibility into performance - Uncertainty where date resides - Protecting and securing the cloud environments - Performance downtime - Determining the most suitable workloads to move to the cloud - Not fully understanding the benefits of the cloud **N/A** **10) Are you seeing the expected ROI from public cloud adoption?** - Yes - No - Still can't determine **N/A**	
24-01-18	3893	**Can you please provide the number of incidents between 1 January 2015 and 31 December 2017 in which the Trust selected either of the two above options (i.e. birth defects and intra-op problems) when notifying NHS Resolution of an incident. Can you also provide a brief description of what caused these incidents.** I can confirm there have been no incidents in the time period stated.	
24-01-18	3894	**I would be grateful if you could send me an up to date list of Hospital Consultants, by name and department/location, working within your trust. I have searched your website and cannot seem to find**	

		the most current information I am looking for. **Alternatively, please direct me to your online Consultant listing, if you can confirm that this information is updated regularly (NOT NHS Choices please as this is often years out of date!).** The full list of hospital consultants can be found on our website at http://www.mkhospital.nhs.uk/index.php?option=com_content&view=article&id=628&Itemid=752 If you click on individual consultant names, this will give you their details.
24-01-18	3895	1. **Who, in your organisation, is responsible for deciding how your energy is bought? Please provide the full name, title, email address and telephone number.** Please note individual staff details are exempt under Section 40, Personal Information (where disclosure may contravene the Data Protection Act) unless permission to release is given or the information is already in the public domain. 2. **For each of these commodities – electricity, gas and water – please can you answer the following questions:** **a. What is your current contract term – start date (DD/MM/YYYY) to end date (DD/MM/YYYY)?** 31/3/19 **b. Do you have any options to extend? If so, what are they?** No **c. What is your terminateon notice period?** 12 months **d. Who is your supplier?** EDF Electricity, Corona Gas, Anglian Water. **e. How many meters do you have?** Two incoming fiscal gas meters, an incoming fiscal water meter and the two billed main electric half hourly supply meters which supplies the whole site **f. What is your annual spend?** Electricity £994366 ex VAT, GAS £470036 ex VAT water £276991 **g. What is your consumption?** Water – 101319 m3, gas 2449273 kWh, electricity 11073105 kWh **h. Do you currently procure your energy through a framework/PBO (Public Buying Organisation)? If so, which one?** Yes **i. Do you use a consultancy to facilitate your energy procurement? If so, who?** TEAM	

			j. Are you happy with your supplier? Yes	
			k. Are you happy with your PBO? Yes	
			l. Are you happy with your consultancy? Yes	
			m. What do you think makes a good Supplier? Good information and value for money	
			n. What do you think makes a good PBO? Good information and value for money	
25-01-18	3896		**Please could you provide details of the number of temporary (agency) staff you had in place on 15th January 2018 in each of the following categories:** **- Occupational therapists -** 1 **- Physiotherapists -** 0	
25-01-18	3897		Please see attached spreadsheet for the data regarding Ophthalmology. **Reporting** **Number of Plain Film reports/ images completed by the Trust in 2015 2016 and 2017 ?** 2015 - Reports by Trust 73247/ Images 96291 2016 – Reports by Trust 82943/ Images 98441 2017 – Reports by Trust 88705/ Images 98178 **Number of General reports /images completed by the Trust in 2015 2016 and 2017 ?** As above – all plain films are classed as general work **Spend on all General imaging for the Trust in 2017?** The spend was £5.4M in Main Xray at MKUHT for 2017 - this includes ultrasound and interventional	[Link to spreadsheet](#)
26-01-18	3898	1.	**Does your organisation have a Facebook Page(s)? If yes, what is/are the url(s) and when were they set up?**	[Link to Policy](#)

		Yes, the page was set up in 2014 and the url is: https://www.facebook.com/MiltonKeynesHospital/	
		2. **Does your organisation advertise or spend any money on Facebook? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2004?**	
		There was no spending before 2017. 2017 spend: £1952.32. All monies have been spent on advertising recruitment open days.	
		3. **Does your organisation have a Twitter Account? If yes, what is/are the url(s) and when were they set up?**	
		Yes, the page was set up in 2009 and the url is: https://twitter.com/MKHospital	
		4. **Does your organisation advertise or spend any money on Twitter? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since 2006?**	
		No money has been spent	
		5. **Does your organisation use Google G-Suite services (Google services) or does your organisation rely on google for any services (such as email hosting)? If yes, what are the services, when were they agreed and how much did they cost?**	
		No we do not use Google G-Suite Services	
		6. **Does your organisation advertise or spend any money on Google? If yes, please can you outline what expenditure has occurred and break down expenditure per calendar year (January to December) since the payments first began?**	
		No money has been spent	
		Is there an official policy for the use of organisational Facebook or Twitter Accounts (ie how to post, what to use it for and when to delete or preserve records)? If there is a policy (or policies) please may I be provided with them? We have a social media that we actively promote and can be found on our staff intranet and which I have attached.	
30-01-18	3899	**a) For each of the financial years i) 2013/14, ii) 2014/15, iii) 2015/16, iv) 2016/17 and v) 2017/18 to date,**	

please state:

    1. The total sum of payments made by your trust to NHS staff exiting the trust as part of a compromise agreement*

    2. The total number of payments made by your trust to NHS staff exiting the trust as part of a compromise agreement

    3. The mean average amount paid by your trust to NHS staff exiting the trust as part of a compromise agreement

b) If possible within the cost limits of the FOIA, the three largest amounts paid by your trust to individual members of NHS staff exiting the trust as part of a compromise agreement since 1 April 2014.

Please note the last compromise agreements, included as part of the accounts, were in 2013/14 and can be found in the annual report which can be found at
http://www.mkhospital.nhs.uk/index.php?view=list&slug=annual-reports&option=com_docman&layout=table&Itemid=646

There have been no compromise agreements recorded in the accounts since then.

30-01-18	3900					

	Question	Response	Note
1	**Within your Trust how many patients have you treated with any variant of Eating Disorder in the year 2016/17?**	Elective – 4 Emergency - 23 Other - 2	Included are all patients who were admitted to MKUH between the 1st April 2016 and the 31st March 2017, who had any of the following ICD10 Diagnosis Codes assigned to the admission. This has **not** been limited to the primary diagnosis. *- F500: Anorexia nervosa* *- F501: Atypical anorexia nervosa*

				(Please state whether patients were treated as an inpatient, outpatient or non-elective).		*- F502: Bulimia nervosa* *- F503: Atypical bulimia nervosa* *- F504: Overeating associated with other psychological disturbances* *- F505: Vomiting associated with other psychological disturbances* *- F508: Other eating disorders* *- F509: Eating disorder, unspecified* Note that if a patient had more than one admission during the time period with a different admission type, they will be duplicated across these results. Figures for outpatient attendances are not available, as MKUH does not record diagnosis against outpatient attendances.		
				In the year 2016/17 how many patients did you treat with the following conditions:				
			2	**a) Anorexia Nervosa?**	12	Included are all patients who were admitted to MKUH between the 1st April 2016 and the 31st March 2017, who had any of the following ICD10 Diagnosis Codes assigned to the admission. This has **not** been limited to the primary diagnosis. *- F500: Anorexia nervosa* Figures for outpatient attendances are not available, as MKUH does not record diagnosis against outpatient attendances.		
				b) Bulimia Nervosa?	5	Included are all patients who were admitted to MKUH between the 1st April 2016 and the 31st March 2017, who had any of the following ICD10 Diagnosis Codes assigned to the admission. This has **not** been limited to		

					the primary diagnosis.	
			c) Binge Eating Disorder?		**- *F502: Bulimia nervosa*** MKUH's clinical coding department have identified that the ICD10 code for 'Bulimia Nervosa' and 'Binge Eating Disorder' are the same. Figures for outpatient attendances are not available, as MKUH does not record diagnosis against outpatient attendances.	
			d) Eating Disorder Not Otherwise Specified (EDNOS)/Other Specified Feeding or Eating Disorder (OSFED)?	10	Included are all patients who were admitted to MKUH between the 1st April 2016 and the 31st March 2017, who had any of the following ICD10 Diagnosis Codes assigned to the admission. This has **not** been limited to the primary diagnosis. **- *F508: Other eating disorders*** **- *F509: Eating disorder, unspecified*** Figures for outpatient attendances are not available, as MKUH does not record diagnosis against outpatient attendances.	
30-01-18	3901		Completed via Survey Monkey			
31-01-18	3902		**1. How many hospitals have a policy regarding the use of messaging apps by their staff?** **2. A list of hospitals that have a policy.** **3. Does the policy forbid the use of social messaging apps for sharing patient information?** **4. A list of hospitals that are paying for messaging apps** **5. For the last 3 financial years (2014/15 - 2016/17) what is the total amount spent by hospitals on messaging apps?** **6. A list of the suppliers/vendors.**			

		7. What is the contract type?	
		8. When does the contract start/end?	
		Please note Milton Keynes is a single site Trust.	
		The Trust uses Cisco Jabber for text messaging patients regarding their appointments this was included as part of our Network refresh, there is no specific cost for this.	
		Staff are informed at both Trust Induction and annual Information Governance Training that the use of social messaging apps is forbidden for sharing patient information.	
		Various policies within the Trust cover the use of Apps.	
31-01-18	3903	**Regarding Patient Communication:** Is the above service provided in-house or contracted out to an external supplier(s); and if externally outsourced: **Please provide details of the systems or process which is currently used by the Trust to communicate with patients by the letter and the organisation or individuals responsible for implementing and maintaing this service?** One of the systems used by the Trust to print outpatient letters is the Cerner Millennium eCare system. When outpatient staff book appointments in eCare, a letter is automatically generated with the details of the hospital appointment and this is posted out to the patient. The letter can also be manually generated if preferred. The IT Back Office team confugure/amend the wording of the letters at the request of the Patient Services Manager and other CSU leads, and configure the link between the users pc, printers and Cerner in order for the letter generation element to work. **Does the Trust use the services of an external provider for patients and non-patients letters?** No **Please provide the Trust's current letter printing service supplier?** In House	

- **Please confirm if you use Hybrid Mail and what type?**

  No

- **What are the Trust's costs for the postage and printing of patient letters?**
  Postage = £432027
  Printing = Letters are printed in various departments across the Trust and costs are not recorded centrally

- **Does the Trust use an external printing service for either patient or non-patient letters?**

  If yes,
  No

- **When was this service implemented and the specialities included?**

- **Please give an indication of the cost associated with the service, invluding initial implementation and support costs?**

- **How many NHS staff is responsible for implementing and supporting this service?**

- **Contract Start and End Dates?**

- **Contract Review Date?**

- **Cost of the contract to date and annual spend?**

- **Cost of setup and support?**

- **What Framework was utilised when procuring this service?**

- **What are the Trust's cost for the service and support of printing via Franking Machine?**

- **Have you previously considered using outsourced letter printing service, and if so, please provide details why you chose not to?**

The above are not applicable as we do not use an external printing service.